

McLaren Print System Order

Order No: 56892
Order Date: 2020-09-17
User: Tim Zurek
Phone: 9892699521

Ship Location: McLaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731

Forms

Quantity: 100
Paragon Dept No: 060
Dept Name: Emergency Room
Company Number: 530

Order Total Price: 8.76

Item Number: 6230-162
Item Description: ER Sore Throat - Dental Pain
Revision Date: 07/2018
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ds; 2 pages-Tumbled; black; bond

McLaren McLaren Thumb Region
1100 S. Van Dyke
Bad Axe, MI 48731 • 989-269-9521
EMERGENCY PHYSICIAN RECORD
Sore Throat / Dental Pain

PATIENT INFORMATION
DATE: _____ TIME: _____
REGISTRATION: patient name: _____
MR / MS / UNLISTED BY: _____

HPI
Chief Complaint: _____
History of Present Illness: _____
Review of Systems: _____

PAST HISTORY
Cardiovascular: _____
Respiratory: _____
Gastrointestinal: _____
Genitourinary: _____
Endocrine: _____
Hematology: _____
Immunology: _____
Neurology: _____
Psychiatry: _____
Ophthalmology: _____
Otolaryngology: _____
Dermatology: _____
Infectious Disease: _____
Trauma: _____
Other: _____

SOCIAL HISTORY
Tobacco: _____
Alcohol: _____
Drugs: _____
Occupation: _____
Education: _____
Marital Status: _____
Living Situation: _____

FAMILY HISTORY
Hypertension: _____
Diabetes: _____
Heart Disease: _____
Cancer: _____
Other: _____

PHYSICAL EXAM
General Appearance: _____
Vitals: _____
HEAD/NECK: _____
EYES: _____

ROS
Constitution: _____
HEENT: _____
Cardiovascular: _____
Respiratory: _____
Gastrointestinal: _____
Genitourinary: _____
Endocrine: _____
Hematology: _____
Immunology: _____
Neurology: _____
Psychiatry: _____
Ophthalmology: _____
Otolaryngology: _____
Dermatology: _____
Infectious Disease: _____
Trauma: _____
Other: _____

Diagram of Head and Neck:
Frontal view and profile view of the head and neck with anatomical labels for examination findings.

Spec Info: